

**Fill in this information to identify the case:**

Debtor name Escada America, LLC

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES  
DIVISION

Case number (if known) 2:22-bk-10266-BB

☐ Check if this is an  
amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration **Statement of Financial Affairs**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 1, 2022

x Kevin J Walsh  
Signature of individual signing on behalf of debtor

**Kevin Walsh**  
Printed name

**Director of Finance**  
Position or relationship to debtor

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## Official Form 206Sum Summary of Assets and Liabilities for Non-Individuals

12/15

### Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$	<b>0.00</b>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$	<b>62,411,615.04</b>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$	<b>62,411,615.04</b>

### Part 2: Summary of Liabilities

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$	<b>21,805,695.78</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)		
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$	<b>0.00</b>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$	<b>12,274,250.33</b>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$	<b>34,079,946.11</b>

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## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: **Cash and cash equivalents**

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of  
debtor's interest  
**\$50,031.82**2. **Cash on hand**3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <b>JP Morgan Chase Bank</b>	<b>Corporate</b>	<b>2890</b>	<b>\$47,002.73</b>
3.2. <b>JP Morgan Chase Bank</b>	<b>Disbursement</b>	<b>2906</b>	<b>\$650.84</b>
3.3. <b>PNC Bank</b>		<b>6660</b>	<b>\$0.00</b>
3.4. <b>JP Morgan Chase Bank</b>	<b>Store bank account</b>	<b>8498</b>	<b>\$18,954.05</b>
3.5. <b>Bank of America, N.A.</b>	<b>Store bank account</b>	<b>7934</b>	<b>\$26,740.34</b>
3.6. <b>Wells Fargo Bank</b>	<b>Store bank account</b>	<b>5553</b>	<b>\$6,131.17</b>

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3.7.	<u><b>Bank of America, N.A.</b></u>	<u><b>Store bank account</b></u>	<u><b>1454</b></u>	<u><b>\$19,976.79</b></u>
3.8.	<u><b>JP Morgan Chase Bank</b></u>	<u><b>Store bank account</b></u>	<u><b>8464</b></u>	<u><b>\$0.00</b></u>
3.9.	<u><b>Bank of America, N.A.</b></u>	<u><b>Store bank account</b></u>	<u><b>1467</b></u>	<u><b>\$14,064.20</b></u>
3.10.	<u><b>Bank of Hawaii</b></u>	<u><b>Store bank account</b></u>	<u><b>4818</b></u>	<u><b>\$90,436.42</b></u>
3.11.	<u><b>Bank of America, N.A.</b></u>	<u><b>Store bank account</b></u>	<u><b>1470</b></u>	<u><b>\$6,678.87</b></u>
3.12.	<u><b>Bank of America N.A.</b></u>	<u><b>Store account</b></u>	<u><b>1483</b></u>	<u><b>\$139.92</b></u>
3.13.	<u><b>Bank of America N.A.</b></u>	<u><b>Store account</b></u>	<u><b>1496</b></u>	<u><b>\$200.13</b></u>
3.14.	<u><b>JP Morgan Chase Bank</b></u>	<u><b>Store bank account</b></u>	<u><b>6801</b></u>	<u><b>\$39,394.10</b></u>
3.15.	<u><b>JP Morgan Chase Bank</b></u>	<u><b>Store bank account</b></u>	<u><b>8472</b></u>	<u><b>\$100.00</b></u>
3.16.	<u><b>Wells Fargo Bank</b></u>	<u><b>Store bank account</b></u>	<u><b>5582</b></u>	<u><b>\$48,171.89</b></u>
3.17.	<u><b>Bank of America, N.A.</b></u>	<u><b>Main stores bank account</b></u>	<u><b>0768</b></u>	<u><b>\$119,842.98</b></u>
3.18.	<u><b>Bank of America, N.A.</b></u>	<u><b>Store bank account</b></u>	<u><b>1808</b></u>	<u><b>\$386.00</b></u>
3.19.	<u><b>Bank of America, N.A.</b></u>	<u><b>Store bank account</b></u>	<u><b>8678</b></u>	<u><b>\$39,792.86</b></u>
3.20.	<u><b>Bank of America, N.A.</b></u>	<u><b>Store bank account</b></u>	<u><b>3252</b></u>	<u><b>\$13,860.89</b></u>

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3.21	<u>Citi Bank, N.A.</u>	<u>Main bank account</u>	<u>1929</u>	<u>\$7,278.61</u>
3.22	<u>Citi Bank, N.A.</u>	<u>lockbox</u>	<u>1902</u>	<u>\$0.00</u>
3.23	<u>Citi Bank, N.A.</u>	<u>Payroll</u>	<u>1937</u>	<u>\$10,000.00</u>
3.24	<u>Citi Bank, N.A.</u>	<u>checking</u>	<u>6608</u>	<u>\$0.00</u>

4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$559,834.61**

**Part 2: Deposits and Prepayments**

6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**  
Description, including name of holder of deposit

7.1.	<u>Security Deposit held by landlord American Commercial EquitiesThree LLC (Beverly Hills Store Lease)</u>	<u>\$60,000.00</u>
7.2.	<u>Security Deposit held by landlord Going Places LLC (Chicago Store Lease)</u>	<u>\$20,000.00</u>
7.3.	<u>Deposit held by American Express as collateral for credit card processing &amp; corporate cards</u>	<u>\$350,000.00</u>
7.4.	<u>Deposit held by Fiserv (formerly First Data/BoA) as collateral for credit card processing fees</u>	<u>\$200,000.00</u>
7.5.	<u>Sales tax deposit held by the Nevada Department of Taxation in connection with the Las Vegas store opening</u>	<u>\$12,515.00</u>
7.6.	<u>Deposit held by the City of West Palm Beach for three meters</u>	<u>\$880.00</u>
7.7.	<u>Deposit held by Nevada Energy</u>	<u>\$920.00</u>

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7.8. Various restricted letters of credit cash deposits. See Exhibit 7 hereto. \$2,752,842.53

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

8.1. Creditors having a debit balance & miscellaneous prepaid expenses \$267,601.90

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$3,664,759.43

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 80,796.00 - 0.00 = .... \$80,796.00  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 8,627.00 - 8,627.00 = .... \$0.00  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$80,796.00

**Part 4: Investments**

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.  
☒ Yes Fill in the information below.

14. **Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity: % of ownership

15.1. Interest in Escada Online US LLC 100 % Unknown

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$0.00

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**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	<b>Office furniture</b>			
	Various pieces of office furniture	\$2,191.43	Liquidation	\$0.00
	Various office fixtures	\$1,065,685.91	Liquidation	\$0.00
	Various office equipment	\$4,794.42	Liquidation	\$0.00

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$0.00**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No  
☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.  
☐ Yes Fill in the information below.

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**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Commercial real property located at 6900 E. Camelback Rd., Scottsdale, AZ 85251	Leasehold	Unknown		Unknown
55.2. Commercial real property located at 222 Worth Avenue, Palm Beach, FL 33480	Leasehold	Unknown		Unknown
55.3. Commercial real property located at 693 Fifth Avenue, 6th Fl, New York, NY 10022	Leasehold	Unknown		Unknown

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

Unknown

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No  
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites



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62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**  
**Customer lists** Unknown Unknown

64. **Other intangibles, or intellectual property**  
**Computer software/point of sale system** Unknown Liquidation \$5,500.00

65. **Goodwill**

66. **Total of Part 10.** \$5,500.00  
Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)  
☐ No  
☒ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**  
☒ No  
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**  
☒ No  
☐ Yes

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**  
Include all interests in executory contracts and unexpired leases not previously reported on this form.  
☐ No. Go to Part 12.  
☒ Yes Fill in the information below.

Current value of  
debtor's interest

71. **Notes receivable**  
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)  
**Unused NOLs. However, a substantial portion of the  
unused NOLs is subject to a IRC 382 disallowance  
related to a prepetition acquisition.** Tax year '10 to '20 \$58,100,725.00

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit  
has been filed)**

75. **Other contingent and unliquidated claims or causes of action of  
every nature, including counterclaims of the debtor and rights to  
set off claims**

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**In the ordinary course of business the Debtor may have rights and set off claims vis-à-vis its creditors, and the absence of a specific listing here is neither a waiver nor an admission that they do not exist.**

**Unknown**

**Nature of claim**

**Amount requested** **\$0.00**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$58,100,725.00**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$559,834.61</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$3,664,759.43</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$80,796.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$5,500.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$58,100,725.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$62,411,615.04</b>	<b>+ 91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$62,411,615.04</b>

**Exhibit 7 to Schedule A/B**

<b><u>Description of LOC Cash Deposits</u></b>	<b><u>Amount</u></b>
2% cushion in collateral funds required to be in account by JP Morgan Chase Bank	\$55,260.53
Cash deposit for Bond Department/Lexon Insurance Company re US Custom requierments	\$350,000.00
Cash deposit for landlord of Costa Mesa store	\$355,000.00
Bond Department/Lexon Insurance Company	\$400,000.00
Cash deposit for Western Surety Company re US Custom requierments	\$1,400,000.00
Cash deposit for landlord of NY store	\$192,582.00
<b><u>TOTAL</u></b>	<b>\$2,752,842.53</b>

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**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>Eden Roc International, LLC</b> <small>Creditor's Name</small>  <b>9720 Wilshire Blvd. 6th Floor Beverly Hills, CA 90212</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>6/26/2020</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <b>Eden Rock &amp; Mega</b>	Describe debtor's property that is subject to a lien <b>All personal and fixture property of every kind and nature, including goods, accounts, tangibles and intangibles, supporting obligations, contract rights or rights to payment, proceeds, and tort claims</b>  Describe the lien <b>UCC-1</b> Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$579,025.32</b>	<b>Unknown</b>

2.2	<b>Escada Sourcing and Production LLC</b> <small>Creditor's Name</small>  <b>9720 Wilshire Blvd. 6th Floor Beverly Hills, CA 90212</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>	Describe debtor's property that is subject to a lien <b>True Consignment of Inventory - all inventory of any kind and/or nature, including any contractual rights to all inventory of any kind and/or nature</b>  Describe the lien <b>Consignment (UCC-1)</b> Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No	<b>\$675,361.39</b>	<b>Unknown</b>
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☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.3 Escada Sourcing and Production LLC**

Creditor's Name

**9720 Wilshire Blvd. 6th Floor  
Beverly Hills, CA 90212**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Legacy debt related to other entities**

**\$19,044,356.07**

**\$0.00**

Describe the lien

**Consignment (UCC-1)**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.4 Mega International, LLC**

Creditor's Name

**9720 Wilshire Blvd. 6th Floor  
Beverly Hills, CA 90212**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**7/1/2020**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

Eden Rock & Mega

Describe debtor's property that is subject to a lien

**All personal and fixture property of every kind and nature, including goods, accounts, tangibles and intangibles, supporting obligations, contract rights or rights to payment, proceeds, and tort claims**

**\$1,506,953.00**

**Unknown**

Describe the lien

**UCC-1**

Is the creditor an insider or related party?

☐ No

☒ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$21,805,695.78**

Debtor **Escada America, LLC**  
Name

Case number (if known) **2:22-bk-10266-BB**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

Fill in this information to identify the case:

Debtor name **Escada America, LLC**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES  
DIVISION**

Case number (if known) **2:22-bk-10266-BB**

☐ Check if this is an  
amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>California Employment Dev. Dept. Bankruptcy Special Procedures Group PO Box 826880 MIC 92E Sacramento, CA 94280</b>  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)  As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>For Notice Purposes Only</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>	<b>\$0.00</b>
2.2	Priority creditor's name and mailing address <b>California Franchise Tax Board Bankruptcy Unit PO Box 2952 MS-A340 Sacramento, CA 95812-2952</b>  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)  As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Notice Purposes Only</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>	<b>\$0.00</b>



Debtor	<b>Escada America, LLC</b> Name	Case number (if known)	<b>2:22-bk-10266-BB</b>
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2.3	Priority creditor's name and mailing address <b>County of Los Angeles Dept. of Treasurer &amp; Tax Collector P.O. Box 54027 Los Angeles, CA 90054-0027</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
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Date or dates debt was incurred	Basis for the claim: <b>Notice Purposes Only</b>
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Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.4	Priority creditor's name and mailing address <b>Internal Revenue Service 300 North Los Angeles Street Mail Stop 5027 Los Angeles, CA 90012</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
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Date or dates debt was incurred	Basis for the claim: <b>Notice Purposes Only</b>
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Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			<b>Amount of claim</b>
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3.1	Nonpriority creditor's name and mailing address <b>693 Fifth Owner LLC PO Box 780522 Philadelphia, PA 19178-0522</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>rent</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,641.00</b>
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3.2	Nonpriority creditor's name and mailing address <b>717 GFC LLC 500 5th Avenue 54th Floor New York City, NY 10110</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>rent</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,055,143.00</b>
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3.3	Nonpriority creditor's name and mailing address <b>ABALON EXTERMINATING CO. INC. 261 FIFTH AVENUE SUITE 1504 New York, NY 10016</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>exterminator</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450.00</b>
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Debtor	Name	Case number (if known)	2:22-bk-10266-BB
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Ala Moana Anchor Acquisition, LLC</b> <b>PO Box 860375</b> <b>Minneapolis, MN 55486-0074</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$264,681.00</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>ALA MOANA CENTER ASSOCIATION</b> <b>PO Box 29960</b> <b>HONOLULU, HI 96820</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,198.00</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Alliance Pro Services LLC</b> <b>239 Sneece Pond Rd</b> <b>Cumberland, RI 02864</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>plumbing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$278.00</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Alliant Insurance Services, Inc.</b> <b>701 B St 6th Floor</b> <b>San Diego, CA 92101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>insurance broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$348,375.00</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>ALPINE BUSINESS SYSTEMS</b> <b>1661 Route 22 West</b> <b>Bound Brook, PA 08805</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>dataserver support</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,988.00</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Amanda Huang</b> <b>3870 Livermore Outlets Drive</b> <b>Livermore, CA 94551</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>expense reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$55.00</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>American Commercial Equities Three,</b> <b>22917 Pacific Coast Highway,</b> <b>Malibu, CA 90265</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,341.00</b>

Debtor	<b>Escada America, LLC</b> <small>Name</small>	Case number (if known)	<b>2:22-bk-10266-BB</b>
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN EXPRESS</b> <b>PO Box 1270</b> <b>NEWARK, NJ 07101-1270</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>credit card and e-marketing fees</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$59,401.00</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Angel Tailor</b> <b>1311 Kapiolani Blvd Suite 209</b> <b>Honolulu, HI 96814</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>misc general operating expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$152.00</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Archive Systems, Inc.</b> <b>PO Box 782998</b> <b>Philadelphia, PA 19178-2998</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>doc storage</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,515.00</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>ASA Cleaning Services Corp</b> <b>102 Smoke Rise Drive</b> <b>Warren, NJ 07059</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>cleaning services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,255.00</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Atlantic Broadband</b> <b>PO Box 5019</b> <b>Carol Stream, IL 60197-5019</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>internet</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$733.00</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Atlantic Broadband</b> <b>PO Box 5019</b> <b>Carol Stream, IL 60197-5019</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$78.00</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>AVALARA INC</b> <b>DEPT.CH 16781</b> <b>PALATINE, IL 60055-6781</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>tax software</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,649.00</b>

Debtor	Name	Case number (if known)	
	<b>Escada America, LLC</b>	<b>2:22-bk-10266-BB</b>	
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Bal Harbour Shops LLLP</b> <b>9700 Collins Avenue</b> <b>Bal Harbour, FL 33154</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81,623.00</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Beverly Hills Wilshire Hotel</b> <b>9500 WILSHIRE BLVD</b> <b>BEVERLY HILLS, CA 90212</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>rent</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>\$2,546,815.33</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Blue Print AG</b> <b>Lindberghstra e 17</b> <b>Munchen, Germany 80939-0000</b> <b>Germany</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>garbage/waste removal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$598.00</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>BOGUSLAW SANKOWSKI</b> <b>919 Michigan Avenue, 3rd Fl</b> <b>Chicago, IL 60611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>customer refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$941.00</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Borden Ladner Gervais, LLP</b> <b>22 Adelaide St W, Bay Adelaide Ctr. E tw</b> <b>Toronto, ON M5H 4E3</b> <b>Canada</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,480.00</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>BUREAU OF ELEVATOR SAFETY</b>  <b>TALLAHASSEE, FL 32314-6300</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>elevator repair/certification</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$274.00</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Carlton Technologies, Inc</b> <b>2336 112th Avenuevend*</b> <b>Holland, MI 49424</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>printer service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$269.00</b>

Debtor	Name	Case number (if known)	
	<b>Escada America, LLC</b>	<b>2:22-bk-10266-BB</b>	
3.25	Nonpriority creditor's name and mailing address <b>CenturyLink</b> <b>PO Box 2961</b> <b>Phoenix, AZ 85062-2961</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>data network IT</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$689.00</b>
3.26	Nonpriority creditor's name and mailing address <b>CHETRIT 1412 LLC</b> <b>PO Box 785000</b> <b>PHILADELPHIA, PA 10018</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>rent</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250,000.00</b>
3.27	Nonpriority creditor's name and mailing address <b>Chicago Oak Street Partners, LLC</b> <b>1343 N. Wells Street, Rear Bldg.</b> <b>Chicago, IL 60610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>rent</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$554,764.00</b>
3.28	Nonpriority creditor's name and mailing address <b>Cisco Systems Capital Corporation</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101-1602</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>copiers/printers</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,960.00</b>
3.29	Nonpriority creditor's name and mailing address <b>Cision US, I</b> <b>PO Box 98869</b> <b>Chicago, IL 60693-8869</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>marketing</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,694.00</b>
3.30	Nonpriority creditor's name and mailing address <b>CIT</b> <b>21146 NETWORK PLACE</b> <b>Chicago, IL 60673-1211</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>equipment/leasing</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,896.00</b>
3.31	Nonpriority creditor's name and mailing address <b>CITY EXPEDITOR, INC.</b> <b>286 5th Avenue</b> <b>New York, NY 10001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>logistics</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$755.00</b>

Debtor	<b>Escada America, LLC</b> <small>Name</small>	Case number (if known)	<b>2:22-bk-10266-BB</b>
<hr/>			
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>City of Beverly Hills</b> <b>PO Box 548</b> <b>Roseville, CA 95678-0548</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>local fee</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$275.00</b>
<hr/>			
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>CITY OF WEST PALM BEACH</b> <b>PO Box 30000</b> <b>TAMPA,, FL 33630-3000</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>license</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$388.00</b>
<hr/>			
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>CLEANER'S SUPPLYS INC</b> <b>1059 Powers Road</b> <b>Conklin, NY 13748</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>alteration supplies</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81.00</b>
<hr/>			
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>CMS MECHANICAL SERVICE CO.</b> <b>445 WEST DRIVE, #101</b> <b>MELBOURNE, FL 32904</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>misc repairs</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,414.00</b>
<hr/>			
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast Business</b> <b>PO Box 71211</b> <b>Charlotte, NC 28272-1211</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>internet</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$125.00</b>
<hr/>			
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast Business</b> <b>PO Box 71211</b> <b>Charlotte, NC 28272-1211</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$110.00</b>
<hr/>			
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>COMMONWEALTH EDISON</b> <b>PO Box 6112</b> <b>Carol Stream, IL 60197-6112</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>utility</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,776.00</b>

Debtor	Name	Case number (if known)	2:22-bk-10266-BB
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>ComplyRight, Inc. dba HR Direct</b> <b>PO Box 669390</b> <b>Pompano Beach, FL 33066</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>HR compliance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$617.00</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Computop GmbH</b> <b>Schwarzenbergstra e 4</b> <b>Bamberg, Germany 96050-0000</b> <b>Germany</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>IT desktop support</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21.00</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Computop, Inc.</b> <b>300 East 42nd Street, 14th Floor</b> <b>New York, NY 10017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>computer equipment repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,411.00</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Concur Technologies Inc</b> <b>62157 Collections Center Drive</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>T&amp;E software subscription/support</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,430.00</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>CONDE NAST PUBLICATIONS</b> <b>PO Box 5350</b> <b>New York, NY 10087-5350</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,300.00</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Country Club Cleaners</b> <b>500 Bollinger Canyon Way Ste A4</b> <b>San Ramon, CA 94582</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>dry cleaning</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$380.00</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Crown Castle Fiber LLC</b> <b>PO Box 27135</b> <b>New York, NY 27135</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,910.00</b>

Debtor	Name	Case number (if known)	
	<b>Escada America, LLC</b>	<b>2:22-bk-10266-BB</b>	
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>CT CORPORATION SYSTEM</b> <b>PO Box 4349</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>state filings service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,952.00</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Cushman and Wakefield</b> <b>1290 Avenue of the Americas</b> <b>New York, NY 10104</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease accounting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43,151.00</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Direct Construction Company Limited</b> <b>50 Nashdene Rd., Unit 105</b> <b>Scarborough, ON M1V 5J2</b> <b>Canada</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>misc repairs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,651.00</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Dutch Express, LLC</b> <b>13 West 38th Street - 3rd Floor</b> <b>New York, NY 10018</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>logistics</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25.00</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Eddie Love (Petty Cash)</b> <b>3393 Peachtree Rd NE</b> <b>Atlanta, GA 30326</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>expense reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60.00</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>El Paseo Collection North</b> <b>73-061 El Paseo, Suite 200</b> <b>Palm Desert, CA 92260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,554.00</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Elaine Cohen</b> <b>10 West 66th Street, Apt 12B</b> <b>New York, NY 10023</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>customer refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$877.00</b>



Debtor	<b>Escada America, LLC</b> <small>Name</small>	Case number (if known)	<b>2:22-bk-10266-BB</b>
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3.53	<b>Nonpriority creditor's name and mailing address</b> <b>EXPRESS FIRE PROTECTION</b> <b>PO Box 670041</b> <b>CORAL SPRINGS, FL 33067</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>fire safety</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$240.00</b>
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3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Express Parking, Management, Inc.</b> <b>1001 W. JASMINE DRIVE, SUITE N</b> <b>LAKE PARK,, FL 33403-2119</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>store parking</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$599.00</b>
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3.55	<b>Nonpriority creditor's name and mailing address</b> <b>FANDL, LLC</b> <b>170 E. Ridgewood Ave. Suite 203</b> <b>Ridgewood, NJ 07450</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>local business licenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,066.00</b>
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3.56	<b>Nonpriority creditor's name and mailing address</b> <b>FASHION LOGISTICS, INC.</b> <b>621 ROUTE 46</b> <b>HASBROUCK HEIGHTS, NJ 07604</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>distribution/logistics</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,867.00</b>
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3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Florida Pest Control</b> <b>Suite 100 4140 SW 30th Avenue</b> <b>Fort Lauderdale, FL 33312-6801</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$502.00</b>
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3.58	<b>Nonpriority creditor's name and mailing address</b> <b>FLORIDA POWER &amp; LIGHT</b> <b>GENERAL MAIL FACILITY</b> <b>Miami, FL 33188-0001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>utility</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,005.00</b>
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3.59	<b>Nonpriority creditor's name and mailing address</b> <b>FRACHT FWO,INC</b> <b>50 Broadway</b> <b>Lynbrook NEW YORK, NY 11563</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>freight forwarder</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$615.00</b>
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Debtor	<b>Escada America, LLC</b> Name	Case number (if known)	<b>2:22-bk-10266-BB</b>
3.60	Nonpriority creditor's name and mailing address <b>Freecom Luxury Art Book, LLC</b> <b>9550 Bay Harbor Terrace, Suite 201</b> <b>Bal Harbour, FL 33154</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,955.00</b>
3.61	Nonpriority creditor's name and mailing address <b>Frontier Communications</b> <b>PO Box 740407</b> <b>Cincinnati, OH 45274-0407</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>internet</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$820.00</b>
3.62	Nonpriority creditor's name and mailing address <b>Funaro &amp; co., P.C.</b> <b>350 Fifth Avenue, 41st Fl</b> <b>New York, NY 10118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>tax services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,565.00</b>
3.63	Nonpriority creditor's name and mailing address <b>Fusion Cloud Company, LLC</b> <b>PO Box 51538</b> <b>Los Angeles, CA 90051-5838</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT related services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.64	Nonpriority creditor's name and mailing address <b>General Information Solutions, LLC</b> <b>PO Box 841243</b> <b>Dallas, TX 75284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22.00</b>
3.65	Nonpriority creditor's name and mailing address <b>Global Facility Management &amp; Constr</b> <b>525 Broadhollow Road, Suite 100</b> <b>Melville, NY 11747</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>store improvements/minor construction services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,000.00</b>
3.66	Nonpriority creditor's name and mailing address <b>Granite Telecommunications</b> <b>Client ID311</b> <b>Boston, MA 02298-3119</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,473.00</b>

Debtor	<b>Escada America, LLC</b> Name	Case number (if known)	<b>2:22-bk-10266-BB</b>
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3.67	<b>Nonpriority creditor's name and mailing address</b> <b>GRANT MCCARTHY GROUP LLC</b> <b>777 WESTCHESTER AVENUE</b> <b>WHITE PLAINS, NY 10604</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>misc tax advisory services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,701.00</b>
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3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Green Peak Building Services, Inc</b> <b>59 Rockledge Road, Suite 20</b> <b>Bronxville, NY 10708</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>cleaning services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,302.00</b>
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3.69	<b>Nonpriority creditor's name and mailing address</b> <b>HAIG SERVICE CORPORATION</b> <b>5601 POWERLINE RD, #303</b> <b>FT LAUDERDALE, FL 33309-2831</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>fire security services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$310.00</b>
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3.70	<b>Nonpriority creditor's name and mailing address</b> <b>HAWAII MEDICAL SERVICE ASSOCIATION</b> <b>PO Box 29330</b> <b>HONOLULU, HI 96820-1730</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>medical insurance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,575.00</b>
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3.71	<b>Nonpriority creditor's name and mailing address</b> <b>Hedy Bentel</b> <b>70-120 Chappel Road</b> <b>Rancho Mirage, CA 92270</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>misc general operating expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,055.00</b>
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3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Hospitality Services, Inc</b> <b>244 Madison Avenue,</b> <b>New York, NY 10016</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>catering services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,831.00</b>
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3.73	<b>Nonpriority creditor's name and mailing address</b> <b>HWS Informationssysteme GmbH</b> <b>Wilhelmstr 2</b> <b>Neustadt an der Aisch, Germany 9141</b> <b>Germany</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,531.00</b>
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Debtor	<b>Escada America, LLC</b> <small>Name</small>	Case number (if known)	<b>2:22-bk-10266-BB</b>
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3.74	<b>Nonpriority creditor's name and mailing address</b> <b>IMPERIAL COMMERCIAL CLEANING</b> <b>151 Dixon Avenue</b> <b>Amityville, NY 11701</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>dry cleaning</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$708.00</b>
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>IMPERIAL NETWORK GROUP INC</b> <b>2800 Bruckner Blvd. Suite 303</b> <b>Bronx, NY 10465</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>printing services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,287.00</b>
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>INGENIEURB RO RUCKPAUL &amp;</b> <b>WARSCHAUER STRASSE 70 A</b> <b>BERLIN, Germany 10243-0000</b> <b>Germany</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>architect</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$389.00</b>
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>Inter Trade Systems Inc</b> <b>PO Box 55811</b> <b>Boston, MA 02205-5811</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>IT customer catalogue</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$321.00</b>
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>INTERNATIONAL SILKS &amp; WOOLENS</b> <b>8347 BEVERLY BLVD.</b> <b>Los Angeles, CA 90048</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Misc general operating expense</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$167.00</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>J.D Coins Inc.</b> <b>6770 INDIAN CREEK DR TSB</b> <b>MIAMI BEACH, FL 33141</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>misc promotional related</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$761.00</b>
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Jana Cori Coke</b> <b>127 E 9th Street, Suite 1003</b> <b>Los Angeles, CA 90015</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>wardrobe consulting services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$387.00</b>

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3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Jive Communications, Inc</b> <b>PO Box 412252</b> <b>Boston, MA 02241-2252</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,404.00</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>JOHNSON CONTROLS FIRE PROTECTION LP</b> <b>Dept. CH 10320</b> <b>PALATINE, IL 60055-0320</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$514.00</b>
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>Johnson Controls Security Solutions</b> <b>PO Box 371994</b> <b>Pittsburgh, PA 15250-7994</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>store security services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$55,742.00</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Joyce A. Pence</b> <b>8224 E. Monte Vista Road</b> <b>Scottsdale, AZ 85257</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>misc general operating expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$174.00</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Keter Environmental Services, Inc</b> <b>PO Box 417468</b> <b>Boston, MA 02241-7468</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>utility</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,609.00</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Kim Murphy</b> <b>347 RED APPLE COURT</b> <b>CENTRAL VALLEY, NY 10917</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>employee expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$226.00</b>
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>KUCKER MARINO WINIARSKY &amp; BITTENS,</b> <b>747 Third Avenue</b> <b>New York, NY 10017</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>legal services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,975.00</b>

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3.88	<b>Nonpriority creditor's name and mailing address</b> <b>LA MODELS</b> <b>7700 SUNSET BLVD.</b> <b>Los Angeles, CA 90046</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>fashion model</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$227.00</b>
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3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Las Vegas North Outlets, LLC</b> <b>875 South Grand Central Parkway, #1</b> <b>Las Vegas, NV 89106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>rent</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$266,918.00</b>
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3.90	<b>Nonpriority creditor's name and mailing address</b> <b>Lea Journo Salon</b> <b>9500 Wilshire Blvd</b> <b>Beverly Hills, CA 90212</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>salon for event</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$430.00</b>
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3.91	<b>Nonpriority creditor's name and mailing address</b> <b>Madeline Ungar</b> <b>7825 Blue Water Drive</b> <b>Las Vegas, NV 89128</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>comission 3rd party</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$653.00</b>
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3.92	<b>Nonpriority creditor's name and mailing address</b> <b>Mangia 57th Inc.</b> <b>50 West 57th Street</b> <b>New York, NY 10019</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>customer catering</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$341.00</b>
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3.93	<b>Nonpriority creditor's name and mailing address</b> <b>Margaret's Cleaners</b> <b>5150 Convoy Street</b> <b>San Diego, CA 92111</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>dry cleaner</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,609.00</b>
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3.94	<b>Nonpriority creditor's name and mailing address</b> <b>Mark-Alan Harmon</b> <b>10852 Fruitlad Drive</b> <b>Studio City, CA 91604</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>expense reimbursement</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70.00</b>
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3.95	<b>Nonpriority creditor's name and mailing address</b> <b>MARY TANABE</b> <b>1484 KAWELOKA STREET</b> <b>PEARL CITY,, HI 96782</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>real estate consulting services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
3.96	<b>Nonpriority creditor's name and mailing address</b> <b>Master Mechanical Services, Inc</b> <b>15181 NW 33 PI</b> <b>Miami, FL 33054</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>misc repairs</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$361.00</b>
3.97	<b>Nonpriority creditor's name and mailing address</b> <b>Master Touch Cleaners, Inc.</b> <b>1175 Baker Street, Suite A7</b> <b>Costa Mesa, CA 92626</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>dry cleaner</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$990.00</b>
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Melanie Theodoridis</b> <b>7 EAST 55TH STREET</b> <b>New York, NY 10022</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>employee expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$212.00</b>
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>METROPOLITAN TELECOMM.</b> <b>PO Box 9660</b> <b>MANCHESTER, NH 03108-9660</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>communications, telephone/data</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65,087.00</b>
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>MI9 Retail - Raymark ULC</b> <b>2020 Route Transcanadienne, #401</b> <b>Dorval, QC H9P 2N4</b> <b>Canada</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT-POS system</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,227.00</b>
3.101	<b>Nonpriority creditor's name and mailing address</b> <b>MILLENIUM SIGNS &amp; DISPLAY, INC.</b> <b>90 W GRAHAM AVENUE</b> <b>HEMPSTEAD,, NY 11550-6102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>displays</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,456.00</b>

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3.102	<b>Nonpriority creditor's name and mailing address</b> <b>Modern Luxury</b> <b>PO Box 530206</b> <b>Atlanta, GA 30353-0206</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>media/advertising</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$467.00</b>
3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Monika Arden</b> <b>9500 WILSHIRE BLVD</b> <b>BEVERLY HILLS, CA 90212</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>employee expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,421.00</b>
3.104	<b>Nonpriority creditor's name and mailing address</b> <b>Mood Media</b> <b>PO Box 71070</b> <b>Charlotte, NC 28272-1070</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>in store music</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,899.00</b>
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>MR HANDYMAN OF CALIFORNIA</b> <b>223 MISSISSIPPI STREET, #3</b> <b>SAN FRANCISCO, CA 94107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>maintenance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,035.00</b>
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>MUSE MANAGEMENT, INC</b> <b>150 Broadway, #1101</b> <b>New York, NY 10038</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>fashion model agency</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,690.00</b>
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>Mutual Security Services, Inc</b> <b>PO Box 3711</b> <b>New York, NY 10008-3711</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>store security</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
3.108	<b>Nonpriority creditor's name and mailing address</b> <b>Nestle Waters North America</b> <b>PO Box 856680</b> <b>Louisville, KY 40285-6680</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>water service</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$275.00</b>



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3.109	<b>Nonpriority creditor's name and mailing address</b> <b>NVEnergy</b> <b>PO Box 30150</b> <b>RENO, NV 89520</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>utility</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$251.00</b>
3.110	<b>Nonpriority creditor's name and mailing address</b> <b>OCTAVIO PARRA</b> <b>1235 E 27TH STREET</b> <b>Los Angeles, CA 90011</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>misc general operating expense</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$165.00</b>
3.111	<b>Nonpriority creditor's name and mailing address</b> <b>One Image Protection INC</b> <b>Postal code 90670</b> <b>Santa Fe Springs, NM 90670</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>copies/image creations</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,098.00</b>
3.112	<b>Nonpriority creditor's name and mailing address</b> <b>ONE TIME VENDOR_Customer refund_</b> <b>C.ICHIK</b> <b>1388 Ala Moana BLVD</b> <b>HONOLULU, HI 96814</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>customer refund</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$876.00</b>
3.113	<b>Nonpriority creditor's name and mailing address</b> <b>Opentext</b> <b>9711 Washingtonian Blvd., Suite 700</b> <b>Gaithersburg, MD 20878</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT EDI</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,481.00</b>
3.114	<b>Nonpriority creditor's name and mailing address</b> <b>Oprandy's Fire &amp; Safety Equipment</b> <b>49 Brookline Avenue</b> <b>Middletown, NY 10940</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>fire safety</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44.00</b>
3.115	<b>Nonpriority creditor's name and mailing address</b> <b>Optimum</b> <b>PO Box 742698</b> <b>Cincinnati, OH 45274-2698</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>internet</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,390.00</b>

Debtor	Name	Case number (if known)	2:22-bk-10266-BB
3.116	Nonpriority creditor's name and mailing address <b>OPTUS INC</b> <b>PO Box 2503</b> <b>JONESBORO, AR 72402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT networking</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$770.00</b>
3.117	Nonpriority creditor's name and mailing address <b>ORACLE ELEVATOR COMPANY</b> <b>PO Box 636843</b> <b>CINCINNATI, OH 45263-6843</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>elevator repair/certification</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$700.00</b>
3.118	Nonpriority creditor's name and mailing address <b>ORKIN</b> <b>2257 Vista Parkway, Suite 5</b> <b>WEST PALM BEACH,, FL 33411-2726</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$545.00</b>
3.119	Nonpriority creditor's name and mailing address <b>Orkin , 875- N Houston Comm</b> <b>15621 Blue Ash Drive</b> <b>Houston, TX 77090</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$354.00</b>
3.120	Nonpriority creditor's name and mailing address <b>Orkin Pest Control</b> <b>9505 NW 40th Street RD</b> <b>Doral, FL 33178-2339</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$353.00</b>
3.121	Nonpriority creditor's name and mailing address <b>PALM BEACH COUNTY</b> <b>PO Box 3353</b> <b>WEST PALM BEACH, FL 33402-3353</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>misc local fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$180.00</b>
3.122	Nonpriority creditor's name and mailing address <b>PALM BEACH FIRE RESCUE</b> <b>300 NORTH COUNTY ROAD</b> <b>PALM BEACH, FL 33480</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>local service fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$121.00</b>

Debtor	Name	Case number (if known)	
	<b>Escada America, LLC</b>	<b>2:22-bk-10266-BB</b>	
3.123	<b>Nonpriority creditor's name and mailing address</b> <b>PITNEY BOWES GLOBAL</b> <b>PO Box 371887</b> <b>Pittsburgh, PA 15250-7887</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>equipment maintenace</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$828.00</b>
3.124	<b>Nonpriority creditor's name and mailing address</b> <b>PITNEY BOWES PURCHASE POWER</b> <b>PO Box 371874</b> <b>Pittsburgh, PA 15250-7874</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>printer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,270.00</b>
3.125	<b>Nonpriority creditor's name and mailing address</b> <b>Premium Outlet Partners LP</b> <b>PO Box 822873</b> <b>Philadelphia, PA 19182-2873</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$102,433.00</b>
3.126	<b>Nonpriority creditor's name and mailing address</b> <b>Pyke Mechanical Inc.</b> <b>9401 NW 106 St</b> <b>Miami, FL 33178</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>misc repairs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$650.00</b>
3.127	<b>Nonpriority creditor's name and mailing address</b> <b>QSCS OF NY, INC.</b> <b>212 WEST 35TH STREET, 15THFLOOR</b> <b>New York, NY 10001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>fire alarm</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$945.00</b>
3.128	<b>Nonpriority creditor's name and mailing address</b> <b>Ralph's Sewing and Vacuum</b> <b>73-941 Highway 111</b> <b>Palm Desert, CA 92260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>tailor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$636.00</b>
3.129	<b>Nonpriority creditor's name and mailing address</b> <b>RAVE FABICARE INC.</b> <b>8490 E BUTHERUS DRIVE STE. 104</b> <b>SCOTTSDALE, AZ 85260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>dry cleaner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$188.00</b>

Debtor	<b>Escada America, LLC</b> Name	Case number (if known)	<b>2:22-bk-10266-BB</b>
3.130	Nonpriority creditor's name and mailing address <b>REGENCY ENTERPRISES INC</b> <b>PO Box 102193</b> <b>Pasadena, CA 91189-2193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>electrician/lighting repair</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,167.00</b>
3.131	Nonpriority creditor's name and mailing address <b>Reliable Products Supply</b> <b>27 Wang Yip East Street, Room 307 3</b> <b>Yuen Long, Hong Kong HK</b> <b>Hong Kong</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>misc supplies/repair</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$363.00</b>
3.132	Nonpriority creditor's name and mailing address <b>Runway Waiters</b> <b>1230 Horn Avenue, #416</b> <b>Hollywood, CA 90069</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>catering</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,083.00</b>
3.133	Nonpriority creditor's name and mailing address <b>RUSSIAN BAZAAR</b> <b>8518 17TH AVENUE,FL2</b> <b>BROOKLYN, NY 11214</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>advertising</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$83.00</b>
3.134	Nonpriority creditor's name and mailing address <b>Schaefer Trans. Inc.</b> <b>PO Box 371461</b> <b>Pittsburgh, PA 15250-7461</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>transport</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,780.00</b>
3.135	Nonpriority creditor's name and mailing address <b>SCHINDLER ELEVATOR CORPORATION</b> <b>PO Box 93050</b> <b>Chicago, IL 60673-3050</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>elevator repair/certification</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,241.00</b>
3.136	Nonpriority creditor's name and mailing address <b>SCM</b> <b>5757 WILSHIRE BLVD STE. 210</b> <b>Los Angeles, CA 90036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>messenger service</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,441.00</b>

Debtor	<b>Escada America, LLC</b> Name	Case number (if known)	<b>2:22-bk-10266-BB</b>
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3.137	<b>Nonpriority creditor's name and mailing address</b> <b>Scottsdale Fashion Square LLC</b> <b>PO Box 31001-2156</b> <b>Pasadena, CA 91110-2156</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>rent</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$116,909.00</b>
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3.138	<b>Nonpriority creditor's name and mailing address</b> <b>Sedgwick Claims Management</b> <b>36392 Treasury Center</b> <b>Chicago, IL 60694-6300</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>misc</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14.00</b>
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3.139	<b>Nonpriority creditor's name and mailing address</b> <b>SEN Graphics, Inc.</b> <b>3125 Horseshoe Lane, Suite D</b> <b>Charlotte, NC 28208</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>promotional signage</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$556.00</b>
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3.140	<b>Nonpriority creditor's name and mailing address</b> <b>SEW GOOD</b> <b>#208 1411 S. King St.</b> <b>HONOLULU, HI 96814</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>tailor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$980.00</b>
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3.141	<b>Nonpriority creditor's name and mailing address</b> <b>SHAROTTE BOUTIQUE</b> <b>1665 KALAKAUA AVE, 104</b> <b>HONOLULU, HI 96826</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>misc</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,335.00</b>
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3.142	<b>Nonpriority creditor's name and mailing address</b> <b>SHIFT 4 CORPORATION</b> <b>1491 CENTER CROSSING RD</b> <b>LAS VEGAS, NV 89144</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT/secure tokenization</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$533.00</b>
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3.143	<b>Nonpriority creditor's name and mailing address</b> <b>Simon Property Group LP</b> <b>2696 Solution Center</b> <b>Chicago, IL 60677-2006</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>rent</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$55,572.00</b>
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Debtor	<b>Escada America, LLC</b> Name	Case number (if known)	<b>2:22-bk-10266-BB</b>
3.144	Nonpriority creditor's name and mailing address <b>Sing Tao Newspapers New York LLC</b> <b>188 Lafayette Street</b> <b>New York, NY 10013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$462.00</b>
3.145	Nonpriority creditor's name and mailing address <b>Sirina Protection Systems</b> <b>151 Herricks Rd. Suite 103</b> <b>Garden City Park, NY 11040</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>security</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$466.00</b>
3.146	Nonpriority creditor's name and mailing address <b>SoCalGas</b> <b>PO BOX C</b> <b>MONTEREY PARK, CA 91756</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.147	Nonpriority creditor's name and mailing address <b>SOUTH COAST PLAZA</b> <b>FILE NUMBER 54876</b> <b>Los Angeles, CA 90074-4876</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,064.00</b>
3.148	Nonpriority creditor's name and mailing address <b>SOUTHWEST SIGN COMPANY</b> <b>1852 POMONA ROAD</b> <b>CORONA, CA 92878</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>maintenance sign replacement repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,151.00</b>
3.149	Nonpriority creditor's name and mailing address <b>SPG HOUSTON HOLDINGS,LP</b> <b>PO Box 822693</b> <b>PHILADELPHIA, PA 19182-2693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$274,232.00</b>
3.150	Nonpriority creditor's name and mailing address <b>St Moritz Security Services, Inc.</b> <b>PO Box 5017</b> <b>Greensburg, PA 15601-5017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>security</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,523.00</b>

Debtor	<b>Escada America, LLC</b> <small>Name</small>	Case number (if known)	<b>2:22-bk-10266-BB</b>
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3.151	<b>Nonpriority creditor's name and mailing address</b> <b>Szygy Performance GmbH</b> <b>Osterwaldstra e 10</b> <b>Munchen, Germany 80805-0000</b> <b>Germany</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>digital marketing services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$145,914.00</b>
3.152	<b>Nonpriority creditor's name and mailing address</b> <b>T &amp; G INDUSTRIES</b> <b>120 3rd Street</b> <b>Brooklyn, NY 11231</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>misc</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,000.00</b>
3.153	<b>Nonpriority creditor's name and mailing address</b> <b>Talent Staff, LLC</b> <b>PO Box 1402</b> <b>Spring, TX 77383</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>HR recruiter</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,603.00</b>
3.154	<b>Nonpriority creditor's name and mailing address</b> <b>TAMI HOGAN</b> <b>600 LIECHTY COURT</b> <b>HEATH, TX 75032</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>employee expenses</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,061.00</b>
3.155	<b>Nonpriority creditor's name and mailing address</b> <b>TAX FREE SHOPPING, LTD</b> <b>1512 Suite 100, Crescent Drive</b> <b>Carrollton, TX 75006</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Texas tax free program</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$85.00</b>
3.156	<b>Nonpriority creditor's name and mailing address</b> <b>The Epoch Times Association Inc.</b> <b>229 W 28th St, 6th Flr</b> <b>New York, NY 10001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>advertising sample sale</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$786.00</b>
3.157	<b>Nonpriority creditor's name and mailing address</b> <b>THE JEWISH WEEK INC.</b> <b>1501 Broadway, Suite 505</b> <b>New York, NY 10036</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>advertising</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$648.00</b>

Debtor <b>Escada America, LLC</b>		Case number (if known) <b>2:22-bk-10266-BB</b>
Name		
3.158	Nonpriority creditor's name and mailing address <b>THOMPSON TAX &amp; ASSOCIATES</b> <b>PO Box 96</b> <b>WAVERLY, KS 66871</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,352.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>tax advisory services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.159	Nonpriority creditor's name and mailing address <b>THOMSON REUTERS</b> <b>PO Box 417175</b> <b>Boston, MA 02241-7175</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,596.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>employee education</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.160	Nonpriority creditor's name and mailing address <b>THYSEN KRUPP ELEVATOR</b> <b>PO Box 933013</b> <b>ATLANTA, GA 31193-3013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,055.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>elevator repair/certificaiton</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.161	Nonpriority creditor's name and mailing address <b>TOWN OF PALM BEACH</b> <b>PO Box 2029</b> <b>PALM BEACH, FL 33480</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$55.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>local service fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.162	Nonpriority creditor's name and mailing address <b>UNITED HEALTH CARE JP MORGAN</b> <b>131 S. DEARBORN, 6TH FL</b> <b>Chicago, IL 60603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,145.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>health insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.163	Nonpriority creditor's name and mailing address <b>UNITED PARCEL SERVICE</b> <b>PO Box 7247-0244</b> <b>PHILADELPHIA, PA 19170-0001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$146.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>logistics</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.164	Nonpriority creditor's name and mailing address <b>UPS SUPPLY CHAIN SOLUTIONS, INC.</b> <b>28013 NETWORK PLACE</b> <b>Chicago, IL 60673-1280</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$25.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>logistics</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor	<b>Escada America, LLC</b> Name	Case number (if known)	<b>2:22-bk-10266-BB</b>
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3.165	<b>Nonpriority creditor's name and mailing address</b> <b>VECTOR SECURITY INC</b> <b>PO Box 89462</b> <b>Cleveland, OH 44101-6462</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>security</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
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3.166	<b>Nonpriority creditor's name and mailing address</b> <b>VERIZON</b> <b>PO Box 5124</b> <b>ALBANY, NY 12212-5124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$125.00</b>
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3.167	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Wireless</b> <b>PO Box 408</b> <b>Newark, NJ 07101-0408</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,917.00</b>
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3.168	<b>Nonpriority creditor's name and mailing address</b> <b>Wage Works, Inc.</b> <b>1100 Park Place 4th Floor</b> <b>San Mateo, CA 94403</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>employee benefits</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$585.00</b>
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3.169	<b>Nonpriority creditor's name and mailing address</b> <b>WASTE MANAGEMENT</b> <b>PO Box 4648</b> <b>Carol Stream, IL 60197-4648</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>garbage/waste removal</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,173.00</b>
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3.170	<b>Nonpriority creditor's name and mailing address</b> <b>Woodbury Common Premium Outlets</b> <b>PO Box 822884</b> <b>Philadelphia, PA 19182-2884</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>rent</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$108,024.00</b>
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3.171	<b>Nonpriority creditor's name and mailing address</b> <b>Worth-Pondfield LLC</b> <b>c/o SAMSON MANAGEMENT CORP.</b> <b>97-77 QUEENS BLVD, SUITE 710</b> <b>REGO PARK, NY 11374</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>rent</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,343,149.00</b>
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Debtor **Escada America, LLC** Case number (if known) **2:22-bk-10266-BB**

Name

3.172 Nonpriority creditor's name and mailing address **WWD** As of the petition filing date, the claim is: *Check all that apply.* **\$258.00**  
**PO Box 6356** ☐ Contingent  
**Harlan, IA 51593-1856** ☐ Unliquidated  
 Date(s) debt was incurred ☐ Disputed  
 Last 4 digits of account number ☐ Basis for the claim: **subscription**  
 Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114	Line <b>2.4</b>	—
	<input type="checkbox"/> Not listed. Explain _____	

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>0.00</b>
5b. +	\$ <b>12,274,250.33</b>
5c.	\$ <b>12,274,250.33</b>

**Fill in this information to identify the case:**

Debtor name **Escada America, LLC**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES  
DIVISION**

Case number (if known) **2:22-bk-10266-BB**

☐ Check if this is an  
amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**

**1. Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal*  
(Official Form 206A/B).

*Property*

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with  
whom the debtor has an executory contract or unexpired  
lease**

2.1. State what the contract or  
lease is for and the nature of  
the debtor's interest

**RP Lease for lease of  
real property located at  
693 Fifth Ave, 6th Fl,  
New York, NY  
Term ends 5/31/29**

State the term remaining

List the contract number of any  
government contract

**693 Fifth Owner LLC  
530 Seventh Avenue  
New York, NY 10018**

2.2. State what the contract or  
lease is for and the nature of  
the debtor's interest

**Consignment  
Agreement**

State the term remaining

List the contract number of any  
government contract

**Escada Sourcing and Production LLC  
9720 Wilshire Blvd. 6th Floor  
Beverly Hills, CA 90212**

2.3. State what the contract or  
lease is for and the nature of  
the debtor's interest

**RP Lease for lease of  
real property located at  
6900 E Camelback Rd,  
Scottsdale, AZ 85251  
Term ends 1/31/27**

State the term remaining

List the contract number of any  
government contract

**Scottsdale Fashion Square LLC  
PO Box 31001-25156  
Pasadena, CA 91110**

2.4. State what the contract or  
lease is for and the nature of  
the debtor's interest

**RP Lease for lease of  
real property located at  
222 Worth Ave, Palm  
Beach, FL 33480  
Term ends 5/31/27**

State the term remaining

List the contract number of any  
government contract

**Worth-Pondfield LLC  
97-77 Queens Blvd, Suite 710  
Rego Park, NY 11374**

**Fill in this information to identify the case:**

Debtor name **Escada America, LLC**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES  
DIVISION**

Case number (if known) **2:22-bk-10266-BB**

☐ Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor*

*Column 2: Creditor*

**Name**

**Mailing Address**

**Name**

*Check all schedules that apply:*

2.1 **Escada Luxembourg S.A.R.L.** **19, rue Edmond Reuter, L-5326 Contern, Luxembourg guarantor**

**Worth-Pondfield LLC**

☐ D \_\_\_\_\_  
☒ E/F **3.171**  
☐ G \_\_\_\_\_

2.2 **Escada Luxembourg S.A.R.L.** **19, rue Edmond Reuter, L-5326 Contern, Luxembourg**

**Worth-Pondfield LLC**

☐ D \_\_\_\_\_  
☐ E/F \_\_\_\_\_  
☒ G **2.4**

**Fill in this information to identify the case:**

Debtor name Escada America, LLC

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES  
DIVISION

Case number (if known) 2:22-bk-10266-BB

☐ Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**From the beginning of the fiscal year to filing date:**  
From 1/01/2022 to **Filing Date**

**Sources of revenue**  
Check all that apply

☒ Operating a business

☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

\$275,787.55

**For prior year:**  
From 1/01/2021 to 12/31/2021

☒ Operating a business

☐ Other \_\_\_\_\_

\$5,699,609.45

**For year before that:**  
From 1/01/2020 to 12/31/2020

☒ Operating a business

☐ Other \_\_\_\_\_

\$15,879,537.23

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

#### Part 2: List Certain Transfers Made Before Filing for Bankruptcy

##### 3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Debtor **Escada America, LLC**

Case number (if known) **2:22-bk-10266-BB**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>See Attached Ex. 3</b>			<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>See Attached Ex. 4</b>			

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>See Exhibit 7 hereto</b>			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions**

Debtor **Escada America, LLC**Case number (if known) **2:22-bk-10266-BB**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>Levene Neale Bender Yoo &amp; Golubchik</b> 2818 La Cienega Avenue Los Angeles, CA 90034		3/29/21	\$16,419.50
	Email or website address www.lnbyg.com			
	Who made the payment, if not debtor?			
11.2.	<b>Levene Neale Bender Yoo &amp; Golubchik</b> 2818 La Cienega Avenue Los Angeles, CA 90034		6/29/21	\$1,892.51
	Email or website address www.lnbyg.com			
	Who made the payment, if not debtor?			

Debtor **Escada America, LLC**

Case number (if known) **2:22-bk-10266-BB**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.3.	<b>Levene Neale Bender Yoo &amp; Golubchik</b> 2818 La Cienega Avenue Los Angeles, CA 90034		10/29/21	\$17,552.11
	Email or website address <b>www.lnbyg.com</b>			
	Who made the payment, if not debtor?			
11.4.	<b>Levene Neale Bender Yoo &amp; Golubchik</b> 2818 La Cienega Avenue Los Angeles, CA 90034		12/16/21	\$6,054.76
	Email or website address <b>www.lnbyg.com</b>			
	Who made the payment, if not debtor?			
11.5.	<b>Levene Neale Bender Yoo &amp; Golubchik</b> 2818 La Cienega Avenue Los Angeles, CA 90034		1/14/22	\$50,000.00
	Email or website address <b>www.lnbyg.com</b>			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.



Debtor **Escada America, LLC**

Case number (if known) **2:22-bk-10266-BB**

☐ Does not apply

**Address**

**Dates of occupancy  
From-To**

14.1. **26 Main Street  
Suite 101  
Chatham, NJ 07928**

**August 2016 to June 2020**

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
- diagnosing or treating injury, deformity, or disease, or  
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

**Facility name and address**

**Nature of the business operation, including type of services  
the debtor provides**

**If debtor provides meals  
and housing, number of  
patients in debtor's care**

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.  
☒ Yes. State the nature of the information collected and retained.

**Customer name, address and contact information**

Does the debtor have a privacy policy about that information?

- ☐ No  
☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.  
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

**Escada Profit Sharing & 401(K) Plan**

Employer identification number of the plan

EIN: **1D-213076**

Has the plan been terminated?

- ☒ No  
☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor **Escada America, LLC**Case number (if known) **2:22-bk-10266-BB****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
Escada Sourcing and Production LLC 9720 Wilshire Blvd. 6th Floor Beverly Hills, CA 90212	At the Debtor's various locations	The Debtor's inventory is owned by Escada Sourcing and Production LLC and held by the Debtor at its various locations on a true consignment basis.	Unknown

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

Debtor **Escada America, LLC**

Case number (if known) **2:22-bk-10266-BB**

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
25.1. Escada Online US LLC 9720 Wilshire Blvd. 6th Floor Beverly Hills, CA 90212	Online sales	EIN: 46-4231811	From-To 10/29/13to present

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Kevin Walsh 693 Fifth Avenue, 6th Floor New York, NY 10022	2Q of 2017 to present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. Kevin Walsh 693 Fifth Avenue, 6th Floor New York, NY 10022	2Q of 2017 to present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

Debtor **Escada America, LLC**

Case number (if known) **2:22-bk-10266-BB**

☐ None

**Name and address**

**If any books of account and records are unavailable, explain why**

26c.1. **Kevin Walsh**  
**693 Fifth Avenue, 6th Floor**  
**New York, NY 10022**

**2Q of 2017 to present**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

**Name**

**Address**

**Position and nature of any interest**

**% of interest, if any**

**ESCADA STORE SERVICES LLC**

**9720 Wilshire Blvd 6th Fl  
Beverly Hills, CA 90212**

**sole member/shareholder**

**100**

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

**Name and address of recipient**

**Amount of money or description and value of property**

**Dates**

**Reason for providing the value**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

**Name of the parent corporation**

**Employer Identification number of the parent corporation**

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☐ No

☒ Yes. Identify below.

Debtor **Escada America, LLC**

Case number (if known) **2:22-bk-10266-BB**

Name of the pension fund

**Escada Profit Sharing & 401(K) Plan**

Employer Identification number of the parent corporation

EIN: **1D-213076**

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 1, 2022**

*Kevin J Walsh*

Signature of individual signing on behalf of the debtor

**Kevin Walsh**

Printed name

Position or relationship to debtor **Director of Finance**

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

☒ No

☐ Yes

**EXHIBIT 3 TO SOFA**

<b>Third Party Vendor Name</b>	<b>Payment Amount</b>
THOMPSON TAX & ASSOCIATES	- 337,780.56
WORTH-PONDFIELD LLC	- 200,000.00
693 Fifth Owner LLC	- 120,675.86
ESCADA DESERT HILLS PREMIUM OUTLETS	- 116,967.24
ESCADA WOODBURY COMMON PREMIUM OUTLETS	- 107,016.24
GO1NG PLACES, LLC	- 90,655.88
ESCADA SAWGRASS MILLS PHASE IV, LLC	- 84,340.68
FEDEX CORPORATE SERVICES, INC. / Schaefer Trans. Inc.	- 80,853.83
AMERICAN EXPRESS	- 77,273.06
Levene, Neale, Bender, Yoo & Brill, LLP	- 73,606.87
ESCADA LAS VEGAS NORTH OUTLETS, LLC	- 67,295.78
Credit Card Fees	- 66,491.50
CNA INSURANCE	- 65,343.60
SCOTTSDALE FASHION SQUARE, LLC	- 64,304.74
American Commercial Equities Three, LLC	- 63,380.00
FANDL, LLC	- 55,199.70
Ala Moana Anchor Acquisition, LLC	- 50,000.00
FASHION LOGISTICS INC	- 47,278.08
DEPT TAX FEE	- 38,699.79
SOUTH COAST PLAZA	- 35,649.41
MI9 Retail - Raymark ULC	- 35,059.29
SCOTTSDALE FASHION SQUARE, LLC	- 33,292.03
AVALARA INC	- 26,078.47
Account Service Fees	- 23,520.65
CHAMBERLAIN, HRDLICKA, WHITE,	- 22,762.50
HURST & SIEBERT, INC.	- 17,596.70
El Paseo Collection North	- 16,694.37
Total Appliance & A/C Repair, Inc.	- 16,366.51
SOUTHERN CALIFORNIA EDISON	- 16,351.62
Stephanie Sparkman	- 15,498.14
Schaefer Trans. Inc.	- 12,858.77
HAWAII MEDICAL SERVICE ASSOCIATION	- 11,614.76
U.S Customs and Border Protection	- 11,148.44
Franchise TAX	- 9,600.00

**EXHIBIT 4 TO SOFA**

<b>Insider Name</b>	<b>Total</b>
<b>ESCADA (UK) LTD</b>	<b>- 77,000.00</b>
<b>ESCADA SHARED SERVICES LTD</b>	<b>- 610,967.33</b>
<b>ESCADA ONLINE US LLC</b>	<b>- 30,000.00</b>
<b>Escada Store Services LLC</b>	<b>- 25,000.00</b>
<b>Escada Sourcing &amp; Production group</b>	<b>- 2,067,636.00</b>

**EXHIBIT 7 TO SOFA**

Case Title	Nature of Case	Court Name and Address	Status
Stephanie Buono v. Escada America LLC and Escada US Subco LLC	Employment; wage and hour; breach of contract	Superior Court of New Jersey, Law Division, Union County, County Courthouse; 2 Broad St, Elizabeth, NJ 07201	Pending
Suzanne Humbert v. Escada America, LLC, Escada, SE, Escada Luxemborg Sarl, Regent LP, Michael Reinstein and Andrea Savino	Employment; wage and hour; breach of contract	Superior Court of New Jersey, Law Division, Somerset County; 20 N Bridge St, Somerville, NJ 08876	Pending
Simon Property Group, L.P. v. Escada America, LLC	Breach of Contract; Landlord Tenant	Superior Court of the State of Delaware, Leonard L. Williams Justice Center; 500 North King Street, Suite 10400, Wilmington, DE 19801	Pending
Castillo v. Escada America, LLC	Unruh Civil Rights Claim (Website ADA claim)	Superior Court of California, County of Los Angeles; 400 Civic Center Plaza, Pamon, CA 91766	Pending
The Real Property Trust v. Escada America, LLC f/k/a Escada US Subco, LLC	Breach of Contract; Landlord Tenant	State Court of Gwinnett County, State of Georgia; 75 Langley Drive, Lawrenceville, GA 30046	Pending
Dunnwright Services, Inc. v. Landmark Retail Corp. and Escada America, LLC	Breach of Contract	Circuit Court of the Eleventh Judicial Circuit, Miami-Dade County, FL; 73 West Flagler Street Miami, Florida 33130	Concluded
Escada America, LLC v. Kahn Lucas Lancaster, Inc.	Breach of Contract; Landlord Tenant	Supreme Court of the State of New York, County of New York; 60 Centre Street, New York, NY 10007	Concluded
Ala Moana Anchor Acquisition, LLC v. Escada America, LLC	Breach of Contract; Landlord Tenant	District Court of the First Circuit Honolulu Division; 1111 Alakea Street, Tenth Floor, Honolulu, Hawaii	Pending
Worth-Ponfield LLC v. Escada America LLC f/k/a Escada US Subco LLC	Breach of Contract; Landlord Tenant; Eviction	County Court, Palm Beach County, FL; 205 N. Dixie Hwy., West Palm Beach, FL 33401	Pending
Site Crew, Inc. v. Regent LP, Escada America, LLC, Escada America Management, LLC	Breach of Contract	Superior Court of California, County of Los Angeles; 1725 Main Street, Santa Monica, CA 90401	Concluded



**United States Bankruptcy Court**  
**Central District of California - Los Angeles Division**

In re **Escada America, LLC**

Debtor(s)

Case No. **2:22-bk-10266-BB**

Chapter **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>50,000.00</u>
Prior to the filing of this statement I have received .....	\$	<u>50,000.00</u>
Balance Due .....	\$	<u>0.00</u>

2. \$ 0.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:  
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:  
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
  - e. [Other provisions as needed]

**Advising the Debtor with regard to the requirements of the Bankruptcy Court, Bankruptcy Code, Bankruptcy Rules and the Office of the United States Trustee as they pertain to the Debtor; advising the Debtor with regard to certain rights and remedies of its bankruptcy estate and the rights, claims and interests of creditors; representing the Debtor in any proceeding or hearing in the Bankruptcy Court involving its estate unless the Debtor is represented in such proceeding or hearing by other special counsel; conducting examinations of witnesses, claimants or adverse parties and representing the Debtor in any adversary proceeding except to the extent that any such adversary proceeding is in an area outside of LNBYG's expertise or which is beyond LNBYG's staffing capabilities; preparing and assisting the Debtor in the preparation of reports, applications, pleadings and orders including, but not limited to, applications to employ professionals, interim statements and operating reports, initial filing requirements, schedules and statement of financial affairs, lease pleadings, cash collateral pleadings, financing pleadings, and pleadings with respect to the Debtor's use, sale or lease of property outside the ordinary course of business; representing the Debtor with regard to obtaining use of debtor in possession financing and/or cash collateral including, but not limited to, negotiating and seeking Bankruptcy Court approval of any debtor in possession financing and/or cash collateral pleading or stipulation and preparing any pleadings relating to obtaining use of debtor in possession financing and/or cash collateral; assisting the Debtor in the negotiation, formulation, preparation and confirmation of a plan of reorganization and the preparation and approval of a disclosure statement in respect of the plan; and performing any other services which may be appropriate in LNBYG's representation of the Debtor during its bankruptcy case.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
**Matters which are outside of LNBYG's specialization**

In re **Escada America, LLC**

Debtor(s)

Case No. **2:22-bk-10266-BB**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**  
(Continuation Sheet)

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**February 1, 2022**

*Date*

*/s/ Lindsey L. Smith*

**Lindsey L. Smith 265401 State of California**

*Signature of Attorney*

**Levene, Neale, Bender, Yoo & Golubchik L.L.P.**

**2818 La Cienega Avenue**

**Los Angeles, CA 90034**

**(310) 229-1234**

*Name of law firm*